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Mail Stop Patent Application

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): **WERNER HÖLZL AND MARCEL SCHNYDER**

For: **MICROBICIDAL ACTIVE SUBSTANCES**

Enclosed are:

- ☒ 20 pages of the **certified English translation** of the specification including claims
- ☒ 1 page(s) of the **certified English translation** of the abstract
- ☒ Declaration and Power of Attorney (copy) (For continuations/divisionals)
- ☒ **Preliminary Amendment**
- ☒ This application is a **divisional** of
prior application No. **09/762,008** filed **2/1/01**.
- ☒ The entire disclosure of the prior application, from which a copy of the declaration is
supplied, is considered to be part of the disclosure of the accompanying
application and is hereby incorporated by reference therein.
- ☒ Amend the specification by inserting before the first line:
--This is a **divisional** of application Serial No. **09/762,008** filed on **2/1/01**, still pending,
which is a **371** of **EP 99/05449** filed on **7/30/99**--

- ☒ Priority of application No(s). **98810749.6** filed on **8/4/98** respectively; in **Europe(designating Germany)** is claimed under 35 U.S.C. 119.
- A certified copy of each priority document is
- ☒ of record in application No. **09/762,008** filed **2/1/01**.
- ☒ **Prior to calculating the fees, kindly consider the attached preliminary amendment.**

Filing Fee Calculation:

Basic Fee							\$770.00
Multiple Dependent Claims (\$290)							
Foreign Language Surcharge (\$130)							
	For	Number Filed		Number Extra		Rate	
EXTRA Claims	TOTAL CLAIMS	9	-20	0		\$18	=
	INDEPENDENT CLAIMS	3	-3	0		\$86	=
					TOTAL FILING FEE		\$770.00

Please charge Deposit Account No. 03-1935 in the amount of **\$770.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,


 Kevin T. Mansfield
 Agent for Applicant
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